PTC/SB/06 (08-03)

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Substitute for Form PTO-875									1 604	086
CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL E	YTITY	OR	OTHER SMALL E	
FOR NUMBER FILED			NUMBER	EXTRA	RATE	FEE		RATE	FEE	
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MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) * If the difference in column 1 is less than zero, enter "O" in column 2.						TOTAL		OR	TOTAL	PAID
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CLAIMS AS AMENDED - PART II							•	OR	OTHER	THAN
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\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					TOTAL	+	-	TOTAL ADDL FEE	
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